

COPY
38

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

JEFFERY P. MOSER,

Plaintiff,

v.

KENNETH KYLER, et al.,

Defendants.

JUDGE'S COPY

Civil No. 1:00-CV-1846

JURY TRIAL DEMANDED

**FILED
HARRISBURG**

JUN 19 2001

* ~~Affidavit~~ ~~IN support of motion to REconsider~~ * ~~Per. S. J. D'ANDREA, CL~~(* ~~Appointment of Counsel~~ *) (* ~~Motion~~ ED., AL., *) ~~DEPUTY CLERK~~

"NEW INFORMATION / NEW MATTER"

Plaintiff, JEFFERY PAUL MOSER, ("MOSER" HEREAFTER) BEING Duly SWORN, DEPOSES
AND SAYS:

1.) ON JUNE 11TH, 2001 MOSER WAS INFORMED THAT "HE WOULD BE PLACED IN
A Alcohol Program ON (JULY 16TH, 2001) ("GAUDENZIA"-WEST CHESTER 1030. SOUTH
CONCORD RD. WEST CHESTER PA. 19382.

A.) "GAUDENZIA"- DOES NOT HAVE A LAW LIBRARY IN WHICH MOSER WOULD
HAVE ACCESS TO LITIGATION/LEGAL MATERIAL, TO LITIGATE THIS ACTION,
NOR, IS "MOSER" PERMITTED TO LEAVE ANYTIME TO SEEK OUT A LAW LIBRARY
DUE TO D.O.C / PAROLE BOARD PROGRAM RESTRICTIONS. THEREFORE MOSER
REQUEST THE HONORABLE COURT TO APPOINT COUNSEL IN THIS MATTER.

B.) "GAUDENZIA" Program schedule is "TIGHT" GROUPS & THERAPY SESSIONS
FROM 7:30 AM TO 10:00 AM, MOSER WILL NOT BE AFFORDED THE
TIME TO LITIGATE THIS MATTER, EVEN IF HE DID HAVE LEGAL
MATERIALS, "WHICH HE DOESN'T AS STATED ABOVE."

C.) GAUDENZIA - IS A 90 DAY PROGRAM OR (9) MONTHS, THE LATER
(9) MONTHS BEING MOST COMMON.

2.) "GAUDENZIA" IS ACCEPTING MOSER ON PAYMENT, OF THE DEPT. OF CORRECTIONS AND/OR PENNSYLVANIA BOARD OF PROBATION & PAROLE WHICH RECEIVES FEDERAL GRANTS AND MONIES, WHICH SHOULD HAVE AGREED IN TAKING /ACCEPTING SAID FEDERAL MONIES, THAT THEY WOULD BE A.D.A. COMPLIANT (AMERICANS WITH DISABILITIES ACT 1990) AS IS THE FEDERAL STANDARD OF LAW, FOR RECEIVING SAID FEDERAL FUNDS. THEREFORE IT IS "MOSER" BELIEF THAT: ANY AND ALL (C.C.C.) (D.O.C. COMMUNITY CORRECTIONS CENTER) PLACEMENTS, "HALFWAY HOUSES & DRUG AND ALCOHOL TREATMENT PROGRAMS" WHICH ARE APPROVED BY THE ABOVE MENTIONED, FOR USE IN A PUBLIC MANNER BY THE ABOVE MENTIONED (D.O.C. PA.) (PA. B.P. & P.) (D.O.C. / C.C.C.) ARE RECEIVING FEDERAL FUNDS AND ARE UNDER THE RULES OF FEDERAL GRANTS AND JURISDICTIONS OF THE A.D.A. (AMERICANS WITH DISABILITIES ACT) MANDATES, STANDARD, ACCOMMODATIONS AND/OR STATUTES.

A.) MOSER BELIEVES "GAUDENZIA" MAY NOT BE A.D.A. COMPLIANT IN WHICH TO ACCOMMODATE "MOSER" DISABILITIES. AS STATED IN GAUDENZIA INFORMATIONAL PACKET # 5th CRITERIA FOR ADMISSION - "NO SERIOUS MEDICAL PROBLEM REQUIRING HOSPITALIZATION (OR) CONTINUOUS MEDICAL CARE." (MOSER REQUIRES NARCOTIC PAIN MANAGEMENT MEDICATIONS, AND MONTHLY DOCTOR VISITS, DAILY FINGER STICKS FOR DIABETES, TRI-MONTHLY HEPATITIS "C" TREATMENT AND LAB WORK.)

B.) MOSER AFFIRMS THE PA. D.O.C. AND/OR PA. B. OF P & P BLATANT DISCRIMINATIONAL PRACTICES TOWARDS MOSER A DISABLED PERSON WITH A.D.A. PROTECTIONS, IN PRESENT INCARCERATION AND

IN MOST RECENTLY IN POST-ENCARCERATION PLACEMENTS, *

(B.) (1). PROLONG WAITING FOR BED DATES, IF YOU ARE
DISABLED, "THE NON-DISABLED GO AHEAD OF YOU BECAUSE:

(B) (2) THE D.O.C. CONTRACTS WITH NON-COMPLIANT
PROGRAMS (A.D.A.) (HALFWAY HOUSES / D.+A. PROGRAMS) AND
GIVES THEM STATE / FEDERAL MONIES, IN VIOLATION OF A.D.A.
AND/OR FEDERAL GRANT REQUIREMENTS, THEN IN EFFECT
PUT MOSER AT THE BACK OF THE PLACEMENT LIST DUE TO
DISABILITIES AND/OR (PRESENT) PLACE HIM IN A NON-A.D.A.
COMPLIANT PROGRAM WHICH IS RECEIVING STATE / FEDERAL
FUNDS, TO BE "TERMINATED POSSIBLY" BY THE PROGRAM
"BECAUSE OF HIS DISABILITIES AND/OR
MEDICAL NEEDS". *(SEE ATTACHED EXHIBITS.

*. WHICH IS A VIOLATION OF MOSER PAROLE CONDITION'S, AND RETURNS
HIM BACK TO PRISON FOR 2 1/2 YEARS FOR FAILURE TO COMPLY...

3.) "MOSER" BELIEVES THIS IS YET ANOTHER WAY FOR THE D.O.C. TO "RETAULATE" TOWARDS MOSER, BY-SETTING HIM UP TO FAIL,
BECAUSE OF HIS DISABILITIES, FURTHER AFFIRMING THE EXTREME
PREJUDICE & BIAS TOWARD THE DISABLED "MOSER" IN THE PA.
PRISON SYSTEM (D.O.C. DEFENDANTS), NOT EXCLUDING THE WEXFORD
DEFENDANTS ATTEMPS TO QUITE THE VOICE OF THE DISABLED AND,
IN MEDICAL NEED "MOSER". (AS OF A RESULT OF THIS CIVIL ACTION)

4.) MOSER AFFIRMS HIS NEED FOR ENJUNCTIVE RELIEF,
 FOR HIS SAFETY AND THE WELLBEING OF OTHER DISABLED/SICK
 PENNSYLVANIA PRISONERS

5.) MOSER WILL NOT AND DOES NOT REFUSE ANY PLACEMENT
ORDERS GIVEN TO HIM, WILL COMPLY TO THE BEST OF HIS ABILITY
WITH HIS DISABILITY LIMITATIONS. MOSER IS WILLING TO WORK
WITH ALL UNDERSTANDING STAFF AND/OR OFFICIALS.

6.) MOSER DOES OPPOSE ANY AND ALL DELIBERATE INDIFFERENCE
TOWARDS HIM AS STATE HEREIN, WHICH HAVE AND/OR WILL CAUSE
HIM UNDOE SUFFERING AND "DISCRIMINATION TOWARD MOSER
BECAUSE OF HIS DISABILITIES AND/OR MEDICAL NEEDS." (AS STATED
HEREIN)

WHEREFORE, PLAINTIFF RESPECTFULLY REQUEST THE HONORABLE
COURT, ENTER THIS "NEW INFORMATION" INTO COURT
RECORD, (AFFIDAVIT ENTERED) AND CONSIDER THESE
FACTS WHEN CONSIDERING ALL PENDING MOTIONS.

PLAINTIFF, PRAYERS COUNSEL WILL BE APPOINTED, IN THE
INTEREST OF JUSTICE AND THE WELL BEING OF THE DISABLED.

PLAINTIFF, BELIEVES ALL WITHIN THIS DOCUMENT TO BE
TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE.

(28 U.S.C. 1746)

Respectfully Submitted,

DATED 6-15-01


JEFFERY PAUL MOSER (PLAINTIFF)

Disability Rights Section

Civil Rights Division

U.S. Dept of Justice

P.O. Box 66738

Washington, D.C. 66738-6738

On this 10th day of JUNE 2001

Jeffery Paul Moser BE 4713
1100 Pike Street SCIH
Huntingdon, PA. 16654-1112

RE: Disabled Person Requesting Assistance

Greetings:

My name is Jeffery Moser and I am presently incarcerated at S.C.I. Huntingdon, a Pennsylvania Correctional Facility. I am a "Legally Disabled Person", qualified and approved by:

- a. Federal Medical Center, Fortworth, Texas
- b. Pennsylvania Department of Corrections, Camp Hill, Pa.
- c. Pennsylvania Disabilities Comm.
- d. Social Security Administration-Applicant
- e. Texas Disabilities Comm.-Applicant

My disabilities are due to a spine injury as well as some related mental issues. I am ambulatory at this point of my life, meaning at times I have been confined to a wheelchair, and if I don't receive my needed spinal fusion operation shortly I may be back in a wheelchair. I must remain on medication to remain ambulatory, but hopefully, after my operation this won't be the case any longer. But for now, I require doctor supervision and medication.

I feel presently, that I am suffering from extreme prejudice & discrimination, due to my disabilities, at the hands of the Pennsylvania Dept. of Corrections. (Community Corrections Division; C.C.C. Region #'s 1, 2, 3)

In short, let me explain :

I was recently granted re-parole by the PA. Board of Probation & Parole (3/30/01) attached exhibit, with the expressed condition that I attend an in-patient alcohol treatment (28 days), before returning home to my wife and children and my own doctors, in Reno Nevada. On parole, I'm instructed that I must be assigned a bed 'date' through the Region #1, C.C.C. 1335 Cheltham Ave. Elkin, PA. 19027, before I can leave prison on parole.

The problem is, to my understanding, it is a much longer wait for a disabled prisoner to get a 'bed date' and/or released date than a non-

disabled prisoner. So, to my understanding, because I am disabled and on medication, I will be placed, only after all the non-disabled prisoners, IF EVER !

I find this in violation of the Americans With Disabilities Act, 42 U.S.C. 12132; 42 U.S.C. 12131:

'Subject to the provision of this title, no qualified individual with a disability, shall, by reason of such disability, be excluded from participation in or denied the equal benefits of services, programs or activities of a public entity. 42 12132

and

'if a disabled prisoner satisfies all the eligibility requirements for some correctional service program or activity, A.D.A. prohibits state officials from discriminating against him or her, by reason of that disability. THIS MEANS STATE OFFICIALS ARE OBLIGATED TO MAKE REASONABLE MODIFICATIONS TO ENSURE THE DISABLED PRISONER IS GRANTED EQUAL ACCESS TO ALL D.O.C. PROGRAMS AND ACTIVITIES. 42 12131(2).

This was also brought to the attention of the United States Supreme Court in Yeskey v. Pa. Dept. of Corrections, 118, U.S. SCT. 1952 (1998). Plain text of Title II of the Americans With Disabilities Act, unambiguously extends to state prison inmates. Furthermore, it is so stated in Federal Grant Requirements.

'if a program is federally funded in part or in whole, it must be A.D.A. compliant and not discriminate toward the disabled in any manner, or risk forfeiting said grants, funding and/or monies'

All these Dept. of Correction Programs, Community Correction Division, are in some manner, Federally Funded to my understanding.

So, I am asking your agency to enter into this situation, as an advocate on my behalf. Please investigate my claims and assist in anyway your agency possibly can to rectify this situation and stop the discrimination to me.

I presently have a lawsuit pending in part due to A.D.A. violation against the Dept. of Corrections, PA. Moser v. Kyler, 1:00-CU-01846 M.D. PA. / U.S. District CT.

It is not my intention to add this situation to the afore said civil action, it is my intention ONLY to get to an in-patient alcohol treatment program (28 days) as soon as possible so that I can complete the program and return home to my own doctors and receive my spinal operation, also to be reunited with my wife and small children, without further delay due to my disabilities and/or retaliation towards me as a result of this and other correspondence seeking assistance.

I am willing to co operate with any requirement for assistance you might have. Please let me know what I must do to gain your assistance.

I, pray for your help and support in this matter and patiently await your response.

Thank you for your time and consideration in this matter.

Respectfully yours,

Jeff Moser

Date: 6/14/01
update PAGE

Jeffery Moser
BE 4713 SCIH
1100 Pike Street
Huntingdon, PA. 16654-1112

— UPDATED INFO —

AS I TOOK THIS LETTER TO MANY AGENCIES, ATTORNEY GENERAL, SENATOR U.S. Dept. of Justice (CIVIL RIGHTS DIVISION) ETC... (MAY 2001) "PLEASE FOLLOW THE ATTACHED DOCUMENTS CLOSELY" "PLEASE READ THEM ON WHOLE", I KNOW YOU'RE VERY BUSY AND YOUR TIME IS APPRECIATED DEEPLY. THEY GAVE ME A BED DATE (7-16-01) TO A (9) MONTH PROGRAM "WHICH IS NOT A.D.A. COMPLAINT" "NOT SHORT TERM" IN WHICH WHEN I GET THERE "I WILL NOT BE PERMITTED TO TAKE MY PRESENTLY PRESCRIBED MEDICATION" "NOT BE AFFORD DOCTOR SERVICES AND/OR ~~MY~~ A.D.A. SERVICES". SO AFTER I LOOK-UP IN PAIN AND MY SPINE SWELLS UP AND I START TO URINATE UNCONTROLLABLY ON MYSELF, FROM PAIN DUE TO LACK OF PROPER MEDICATION AND DOCTORS CARE, LIFTING, PROLONGED SITTING, STAIR CLIMBING ETC. (ALL OF WHICH HAS HAPPENED BEFORE WHEN PUT IN THIS POSITION) (MOSER VS. KYLER, 1:00-CV-1846) (PENDING) (A.D.A. ACTION) * I WILL BE SENT BACK TO PRISON FOR FAILURE TO COMPLETE THE PROGRAM AND GIVEN A PAROLE VIOLATION "WHY? BECAUSE I AM DISABLED AND ASK FOR LEGAL A.D.A. SERVICES. THIS IS A SET-UP, RETALIATION AND A.D.A. DISCRIMINATION. I AGREE TO ALL CONDITIONS OF MY PAROLE, WELLFULLY! BUT I OPPOSE PEOPLE ENTERING MY LIFE HARMING ME BECAUSE I AM DISABLED. I HAVE SERVED THE REGIONAL INMATE OFFICE, Gaudenzia Program AND PAROLE BOARD (2) VIA CERTIFIED MAIL. SO THEY KNOW WHAT IS HAPPENING. THANK YOU / GOD BLESS. I AWAIT. Jeff



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

June 12, 2001

MIKE FISHER
ATTORNEY GENERAL

15th Floor, Strawberry Square
Harrisburg, PA 17120
(717) 783-1111

Jeffery Moser
#BE-4713
1100 Pike Street
Huntingdon, PA 16654-1112

Dear Mr. Moser:

Your letter to the Attorney General has been referred to this office for reply.

The authority of the Office of Attorney General is defined by state statutes, and the matter you raise in your letter does not come under our jurisdiction.

We recommend that you consult your own attorney about the matter presented in your letter. If you do not have an attorney, we recommend that you consult the bar association referral service in your county or the Pennsylvania Bar Association in Harrisburg at 1-800-932-0311.

Sincerely yours,

A handwritten signature in black ink, appearing to read "David J. DeVries".

David J. DeVries
Chief Deputy Attorney General
Office of Civil Law

DJD:mlm
CLS011048.

— REQUESTED ASSISTANCE FOR A.D.A. DISCRIMINATION.

Chairperson
CARL E. DENSON
Vice-Chairperson
RAQUEL OTERO de YIENGST
Secretary
GREGORY J. CELIA, JR.
Executive Director
HOMER C. FLOYD



COMMONWEALTH OF PENNSYLVANIA
HUMAN RELATIONS COMMISSION

301 Chestnut Street, Suite 300

P.O. Box 3145

Harrisburg, PA 17105-3145

(717) 787-4410 (Voice)

(717) 787-4087 (TT)

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June 7, 2001

www.phrc.state.pa.us

Jeffrey Paul Moser BE 4713
1100 Pike Street, SCIH
Huntingdon, PA 16654-1112

Dear Mr. Moser:

Thank you for your recent letter that we received on . Our Executive Director, Homer C. Floyd; has requested that I respond to your letter on his behalf.

Unfortunately, the Pennsylvania Human Relations Commission has no jurisdiction over the issues you raise. While I am sorry to say we cannot be of more assistance to you, I would suggest you write to an advocacy group like:

The Pennsylvania Prison Society
Three North Second Street
Philadelphia, PA 19106
Telephone (215)351-2300 (No collect calls are accepted.)

6/14/01

If you do write to the Pennsylvania Prison Society, you should send a copy of that letter to:

ACLU - Legal Department
PO Box 1161
Philadelphia, PA 19105-1166
Telephone (215)923-4357

6/14/01

Again, thank you for your letter. Hopefully, the information provided will be of use to you.

Sincerely,

A handwritten signature in cursive script that reads "Judy P. Gingrich".

Judy P. Gingrich
Administrative Assistant to the
Director of Compliance

JPG:bj

A.C.L.U. - 6/2001

ON THIS Day of , 2001

TO:

GAUDENZIA - West - CHESTER
 1030 S. Concord Road
 West Chester, PA. 19382
 (610) 399-6929

3

Acting Regional Director
 Regional Office / C.C.C.
 1355 West Cheltenham Ave.
 Elkins Park, PA. 19027
 (215) 560-1600

From: JEFFERY PAUL MOSEK BE4713
 1100 PIKE St.

Huntingdon, PA. 16654-1112
 (S.C.I. Huntingdon)

ET... AL., (6) OTHER

RE: OBTAINING YOUR ASSISTANCE & CONSIDERATION...

I AM WRITING YOU THIS FORMAL CORRESPONDANCE, IN HOPES OF GAIN
 YOUR CONSIDERATION AND ASSISTANCE WITH MY PRESENT SITUATION.

I WAS RECENTLY GRANTED RE-PAROLE, WITH THE CONDITION I FINISH
 AN (IN-PATIENT ALCOHOL PROGRAM) (28days+) BEFORE I CAN GO HOME TO
 RENO NEVADA WITH MY WIFE AND (2) SMALL CHILDREN, AND MY AWAITING
 NURO-SURGEON WHO INTEND'S TO PROCEED WITH MY MUCH NEEDED SPINE
 FUSION OPERATION UPON MY RETURN TO NEVADA. (AT MY OWN COST). (SEE
 ATTACHED MEDICAL EXHIBITS PLEASE & PLEASE READ THEM IN FULL) ...

I WAS RECENTLY NOTIFIED, THAT I HAVE BEEN ACCEPTED BY
 "GAUDENZIA-WEST CHESTER" TO FULL-FILL MY TREATMENT REQUIREMENT

SWORN AFFIDAVIT'S

(CONTINUED 2 OF) →

(1 of 3)

AND THAT I HAD A BED-DATE OF (7-16-2001), I'M VERY GRATEFUL FOR THIS ACCEPTANCE AND AS WELL I'M SERIOUS ABOUT MY ALCOHOL PROBLEM AND/OR RECOVERY PROGRAM, . SO I WELCOME ANY OFFER TO BETTER MYSELF. (FOR MY WELLBEING, THEN MY FAMILIES FUTURE).

BUT, I HAVE SOME SERIOUS CONCERNS: I HAVE A PHYSICAL DISABILITY, (SPINE INJURY, IRREPAIRABLE NERVE DAMAGE, Hep. C. ECT. I'M LEGALLY DEEMED A "DISABLED PERSON" UNDER THE A.D.A. (AMERICANS WITH DISABILITIES ACT OF CONGRESS 1990) (PLEASE SEE ATTACHED EXHIBITS) SO I HAVE SOME "MEDICAL NEEDS AND PHYSICAL LIMITATIONS (I AM AMBULATORY), BUT I DO NEED TO TAKE MEDICATION AND I CAN NOT DO HEAVY PHYSICAL THINGS, AND I WILL NEED TO SEE A DOCTOR EVERY 30 DAYS FOR A CHECK-UP EVALUATION AND MEDICAL RE-FILL(S) (I BELIEVE I WILL HAVE MED-ICAID INS. WITH MY SOCIAL SECURITY DISABILITY COVERAGE) I AM ON A REGIMENT OF PAIN MEDICATION THAT HAVE BEEN TRIED AND TESTED OVER THE PAST (5) YEARS, SO IF WE LISTEN TO THE PROFESSIONALS (SPECIALIST - NURO-SURGEONS), I MUST STAY ON MY PRESENT NARCOTIC PAIN MANAGEMENT COURSE, NOTHING ELSE WORKS AND ALL THE MEDICAL PROFESSIONALS IN MY CASE HAVE ALL SAID OTHERWISE: MY SITUATION IS CHRONIC, WILL GET WORSE AND PAIN MANAGEMENT AND SURGERY ARE MY ONLY TREATMENTS.

I AM PRESENTLY ON (2) DARVOCET (4) TIMES A DAY, I SHOULD BE SOMETHING STRONGER (SEE - NURO-SURGEON REPORT), BUT I ELECT TO STAY ON THIS AND ACCEPT THE LIMITED RELIEF AND MORE PAIN BECAUSE I WANT TO GET INTO A PROGRAM, WITHOUT COMPLICATIONS. I GOT TO PLAY THE HAND I'M DEALT, I NEED TO SEE DOCTORS AND TAKE MEDICATIONS TO FUNCTION, I DON'T LIKE IT BUT I ACCEPT IT.

MY CONCERNS AND FEARS ARE - C.C.C. AND PROGRAMS, WILL NOT CONSIDER ME FOR IN-PATIENT TREATMENT DUE TO MY DISABILITIES.

I AM NOT WRITING TO TELL YOU THE LEGAL ASPECTS OF THE A.D.A. .

I AM WRITING FOR SOME ASSISTANCE AND CONSIDERATION, I REALLY BELIEVE I'LL DO GOOD IN TREATMENT, I BELIEVE IN C AND A (12) STEP RECOVERY PROGRAM, I WANT TO STAY SOBER FREE, I'M WILLING TO WORK AND GO TO MEETINGS AND TO LEARN WITH AN OPEN-MIND, TO BETTER MYSELF. I AM REALLY INTO A SOBER LIFE, AND IF MORE TREATMENT HELPS "GREAT", IF NOT I PUT THE LEARNED KNOWLEDGE INTO HELPING OTHER WHO STILL SUFFER. I WIN EITHER WAY BY TREATMENT.

I FEEL LIKE I AM SET-UP FOR "FAILURE" BY READING THE SPECIAL CONDITIONS OF YOUR PROGRAM.

#5. NO SERIOUS MEDICAL PROBLEMS, REQUIRING HOSPITALIZATION (OR) CONTINUOUS MEDICAL CARE.

I CAN'T FOREGO MY MEDICAL NEEDS AND I CAN'T MAKE MY DISABILITY GO AWAY. (I WISH TO GOD I COULD). SO, I AM IN MANNER SAYING I DON'T WANT TREATMENT, NOR AM I REFUSING PLACE I, JUST DON'T WANT TO BE LOCK BACK-UP FOR FAILURE TO COMPLY. BECAUSE OF MY DISABILITY, NOR IS THAT ACCEPTABLE UNDER THE

IF I CAN GO TO A PROGRAM THAT ACCEPTS AND WORKS WITH DISABLED PEOPLE (AS ALL FEDERAL FUNDED PROGRAM ARE REQUIRED TO), I WILL WORK WITH THEM. I THINK I CAN GET BY WITH MEDICATION AND A DOCTOR VISIT HERE & THERE, I CAN'T CHANGE MY MEDS. SO PLEASE ACCEPT MY REQUEST, AND GIVE ME A "FAIR" CHANCE. I AWAIT YOUR RESPONSE.

THANK YOU, GOD BLESS.

(3 OF 3) JEFFERY MOSER

* MOSER IS AN "ADMITTED RECOVERING Alcoholic", who IS SERIOUS AND BELIEVES IN A (12) Step Program...

* MOSER Hopes To Find Employment IN THE Drug & Alcohol Field AFTER (3) YEARS Clean, and won't Let His Disabilities stop Him From Helping others SUFFERING.



US Department of Justice
Federal Bureau of Prisons
FCI Phoenix

LINDA HIMMEL LAIRD, ACSW
Drug Treatment Specialist

37900 N. 45th Avenue
Dept. 1680
Phoenix, AZ 85027-7003

(602) 465-9757
FAX (602) 465-5160

Info on back

— (Prior D & A History) —

* Completed (8) months IN-patient
Drug & Alcohol Program.

* (1998) DURING THIS PRESENT INCARCERATION -

* MOSER VOLUNTEERED FOR THIS PROGRAM WAS NOT
REQUIRED BY FEDERAL AUTHORITIES. (IN FACT HAD TO
FIGHT TO GET IN IT.) (FINALLY WAS GRATEFULLY ACCEPTED)

* MOSER WENT FROM THIS PROGRAM TO THE FEDERAL
MEDICAL CENTER (HOSPITAL) DUE TO WORSENING
HEALTH CONDITIONS. AND ON 6/1/99 WAS RECEIVED
BY THE STATE OF PENNSYLVANIA (P.B.P. & P.)

(OTHERS)

* IN THE PAST MOSER HAS FINISHED THE FOLLOWING PROGRAMS:

- 1.) ABRAXAS IN-patient AND out-patient
(18 months) (1981)
- 2.) RIVERSIDE HOUSE (Phila.)

* MOSER WAS ALSO A VOLUNTEER COUNSELOR FOR SEVERAL
(TEEN D & A CHRISTIAN OUTREACHES) (STATE HOSPITAL PROGRAM (MONTANA)
ETC.

(MOSER CAN'T SPELL WELL @@)
HEY I TRY!!!

* Formal Interview Requested Respectfully.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
C.2(4) LEGAL			
1. To: (Name and Title of Officer) PAROLE OFFICE (SUPERVISOR) MS. Johnson		2. Date: 13th DAY OF JUNE, 2001	
3. By: (Print Inmate Name and Number) JEFFERY PAUL MOSER BE4713 Jeff Moser Inmate Signature		4. Counselor's Name Hilli Baxh	
		5. Unit Manager's Name Hilli Baxh	
6. Work Assignment DISABLED PRISONER		7. Housing Assignment EA - 1006	
8. Subject: State your request completely but briefly. Give details. I WAS RECENTLY SENT A BED DATE OF 7-16-2001, WHICH I AM GRATEFUL FOR. BUT MY CONCERN IS "YOU HAVE CLEARLY ASSIGNED ME A PROGRAM THAT DOES NOT ACCEPT PEOPLE WHO ARE "LEGALLY DISABLED UNDER DOCTORS CARE" I AM ON "NARCOTIC PAIN MANAGEMENT MEDICATION" BECAUSE I AM DISABLED WITH A CHRONIC SPINE INJURY WHICH WILL ONLY GET WORSE, I MUST BE PERMITTED TO TAKE MY MEDS, IT'S NOT AN OPTIONAL THING IF I DON'T TAKE MY MEDICATIONS AND SEE A DOCTOR EVERY 30 TO 60 DAYS I CAN'T FUNCTION AND CAUSE MYSELF GREAT HARM. I FEEL LIKE I'M BEING FORCED IN A POSITION TO INTENTIONAL FAIL. BECAUSE IF I CAN'T "BECAUSE OF MY DISABILITIES" STAY AT THE ASSIGNED PROGRAM, BECAUSE I CAN'T GO WITHOUT DISABILITIES SERVICES. DOCTOR/MEDICATION, I GET SENT BACK TO PRISON AND VIOLATE THE A.D.A. (AMERICANS WITH DISABILITIES ACT) SAY'S THIS KIND OF DISCRIMINATION IS UNLAWFUL AND I AM DEEMED D.O.C. LEGALLY DISABLED. SO, I WANT TO GO TO THIS PROGRAM ONLY, WITH A.D.A. STANDARDS, I NEED TO TAKE MEDS AND SEE A DOCTOR THERE. (NARCOTIC PAIN MANAGEMENT). I AM ASKING YOU TO CONTACT THE PROGRAM AND REGION.			
9. Response: (This Section for Staff Response Only) C.E.C. AND MAKE SURE THEY ARE CLEAR ON THIS PLACEMENT AND MY DISABILITIES? MEDICAL NEEDS. I WILL WAIT A COUPLE OF DAYS BEFORE SENDING THEM BOTH AN INFO. PACKET, AS I RATHER HEAR YOUR OPINION FIRST. (I RESPECT YOU) I'M NOT REFUSING THIS PLACEMENT I WANT OUT BUT I DON'T WANT TO FAIL. SO PLEASE PLACE ME A.S.A.P. IN AN A.D.A. COMPLIANT PROGRAM JUST LIKE NON-DISABLE PEOPLE GET PLACED EVERY DAY. I WAIT. THANK YOU GOD BLESS YOU.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

Revised July 2000 * PLEASE WORK WITH ME AND HELP ME, PLEASE DON'T TAKE MY PAROLE BECAUSE I HAVE DISABILITIES...



COMMONWEALTH OF PENNSYLVANIA
BOARD OF PROBATION AND PAROLE

SCI-HUNTINGDON
1100 Pike Street
Huntingdon, PA 16854-1112
(814) 643-2400

TO:

Jeffrey Mosen
BE-4713

FROM:

Linda Thompson
Parole Office

DATE:

6/11/01

SUBJECT: C.C.C. PAROLE PLACEMENT

You have been accepted for Community Corrections Center placement in Region: 1

You have been accepted for placement at:

Pandemonia - West Chester
1030 S. Concord Road
West Chester, PA 19382
(610) 399-6929

Your bed date is: 7/16/01

Please read the attached Center/Facility Narrative.

Attachment(s): C.C.C. Narrative

Cc: File (1)

6. Directions to Facility:

From Philadelphia: 76 West to 202 South; Take 202 South for approx. 18 miles to the first traffic light (Matlack Street). Turn left onto Matlack Street and follow Matlack until you come to the bottom of the hill at the stop sign. Make a right at the stop sign (South Concord Road) and follow South Concord Road for approx. ½ mile. Gaudenzia entrance is on the right. Follow the driveway to the parking area; Gaudenzia House West Chester is the first building to the left.

7. Special Conditions or Requirements:Criteria for Admission:

1. Client must be drug/alcohol free (detox may be arranged through our Outreach Center).
2. Must have I.D. - Birth Cert./Social Security Card; Prison Documentation, etc.
3. Must be at least 18 years old.
4. Must be ambulatory.
5. No serious medical problems requiring hospitalization or continuous medical care.
6. No Psycho tropic medications or psychiatric problems.
7. Must be able to understand the English language.
8. Limited criminal history: two felonies maximum, no arson/fire-starting, child abuse or aggravated assault convictions. Those who have been convicted of sexual offenses that require reporting to local law enforcement agencies similar to those offenses characterized under "Megan's Law" are not permitted to enter this facility as well.

3. Other:Services Offered:

1. Individual and Group Counseling
2. Treatment Planning
3. Relapse Prevention Planning
4. In House work therapy and peer interaction
5. Educational Remediation
6. Vocational planning, training and referrals
7. AA and NA support services
8. Urinalysis drug/alcohol screens
9. Legal and medical referrals
10. Recreational activities
11. Continuing Care Planning
12. Follow-up



BUREAU OF DISABILITY DETERMINATION
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
POST OFFICE BOX 8229
HARRISBURG, PENNSYLVANIA 17105

DIAL TOLL FREE
LOCAL TELEPHONE NUMBER: 783-
FROM OTHER AREAS CALL: 800-932-
TT #: 717-772-

EXT. 223

JEFFERY P MOSER
STATE CORRECTIONAL
PO BOX 246
GRATERFORD PA 19426

DATE: 08/23/99

SSN: 179-56-4851

#BE47
Lyn Sheppard
Clerical Supervisor II
8/27/99

UNITED STATES GOVERNMENT
MEMORANDUM

Federal Medical Center
3150 Horton Road
Fort Worth, Texas 76119

DATE: 5-1-1999

REPLY TO
ATTN OF: L. Hemingway, PT
Chief Rehab Services

STATE 3 FEDERAL (AMERICANS WITH DISABILITIES ACT OF 1990)
— MEDICAL DETERMINATION AGENCIES. —

TEXAS 3 NEVADA ALSO MADE THE SAME DETERMINATIONS. (STATE A.D.A.)

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Huntingdon
814-643-2400
October 4, 2000

* D.C.C. A.D.A. APPROVED...
(PARA (3) LEME 435)

SUBJECT: Letter Dated September 15, 2000

TO: BE4713 Moser

FROM: Kenneth D. Kyler
Superintendent

(1) Your complaint has been investigated. The medical record has been reviewed and your medical treatment plan has been discussed with the acting Medical Director, Dr. Bardell. I have no reason to believe that your medical plan of care is inappropriate or that there has been any medical negligence.

(2) Apparently while you were at SCI-Frackville there was a neurosurgical consult approved for you on March 28, 2000. The surgery was scheduled to be done and you refused to have the procedure done.

(3) July 25, 2000 you were seen on sick call and requested to talk with the doctor about getting the back surgery done that you previously refused. While you were being processed by the medical vendor for an open MRI with Gallium and a neurosurgery consult you were notified that your request for an ADA accommodation transfer to SCI-Huntingdon was approved by Central Office. Therefore, on August 16, 2000 you were received here at SCI-Huntingdon.

(4) As the result of the choices you have made in this past year the medical problem with your back has yet to be resolved. Our medical vendor has been attempting to develop a medical plan of care that will correct this. On August 30, 2000, Dr. Mohadjerin ordered an EMG and nerve conduction study, which was done by Dr. Opedia on September 14, 2000. Dr. Bardell has requested a neurosurgical consult with Dr. Osgood. The physicians here at Huntingdon are continuing to assess and evaluate the proper treatment options for you.

From the beginning you have attempted to direct your treatment program. What you need to do is co-operate with the medical staff. What you have written regarding Dr.

EXHIBIT

A

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

RECEIPT DATE: April 28, 1999

JEFFERY PAUL MOSER

179-56-4851

If you have a question or something to report call (817) 346-1994 EXT 3083

You may visit or write to the Social Security Office at:
SOCIAL SECURITY
2785 ALTA MESA BLVD
FT WORTH TX 76133

Mrs Bacon

We will process your application for Supplemental Security Income as quickly as possible. You should hear from us within 150 days. If you do not hear from us by then, please get in touch with us.

We will let you know if we need more information to decide if you are eligible for SSI payments. In the meantime, if you move or change your mailing address, you--or someone for you-- should report the change to the office shown above.

Also, you (or someone for you) must let us know if you are admitted to a hospital or other medical facility. You could lose some SSI payments if you do not let us know right away.

Always give your Social Security number when writing or telephoning about your claim. If you have any questions about your claim, we will be glad to help you.

JEFFERY PAUL MOSER
FMC ATTN S RAGON
CASE MANAGER
FT WORTH, TX 76119

Federal Medical Center

COMMONWEALTH OF PENNSYLVANIA
PENNA. BOARD OF PROBATION AND PAROLE

Labor 1001

DATE: 03/30/2001

CLIENT NAME: JEFFREY MOSER
INSTITUTION: SCI - HUNTINGDON

PAROLE NO: 6625W
INSTITUTION NO: BE4713

AS RECORDED ON 03/30/2001 THE BOARD OF PROBATION AND PAROLE RENDERED THE FOLLOWING DECISION IN YOUR CASE:

FOLLOWING AN INTERVIEW AND REVIEW OF YOUR FILE, THE PENNSYLVANIA BOARD OF PROBATION AND PAROLE HAS DETERMINED THAT THE FAIR ADMINISTRATION OF JUSTICE MAY BE ACHIEVED THROUGH YOUR RELEASE ON REPAROLE, AND SUBJECT TO YOUR COMPLIANCE WITH ALL OF THE TERMS AND CONDITIONS OF REPAROLE SUPERVISION. YOU ARE THEREFORE:

REPAROLED TO IN-PATIENT ALCOHOL AND OTHER DRUG TREATMENT PROGRAM. YOU SHALL ENTER INTO AND ACTIVELY PARTICIPATE IN THE IN-PATIENT TREATMENT PROGRAM UNTIL SUCCESSFULLY DISCHARGED BY THE PAROLE SUPERVISION STAFF. YOU SHALL ABIDE BY ALL THE ESTABLISHED RULES AND REGULATIONS OF THE IN-PATIENT TREATMENT PROGRAM. ANY VIOLATION OF THE PROGRAM RULES OR REGULATIONS MAY CONSTITUTE A VIOLATION OF PAROLE AND RESULT IN YOUR ARREST. YOU MUST SIGN AN APPROPRIATE RELEASE FORM FOR CONFIDENTIAL INFORMATION. APPROVED HOME TO BE AVAILABLE PRIOR TO RELEASE IF PROGRAM LESS THAN 30 DAYS. BEFORE YOU CAN BE RELEASED, YOU SHALL PROVIDE PROOF OF EARNINGS OF AT LEAST \$30.00 OF MANDATORY COURT COSTS (IN ACCORDANCE WITH 18 P.S. § 11.1101).

OUT-PATIENT TREATMENT IS A SPECIAL CONDITION OF YOUR REPAROLE SUPERVISION UNTIL THE TREATMENT SOURCE AND/OR PAROLE SUPERVISION STAFF DETERMINE IT IS NO LONGER NECESSARY. YOU SHALL BE REQUIRED TO SIGN THE

(CONTINUE ON PAGE 21)

PAROLE VIOLATION MAX DATE: 05/28/2004
CC: DISTRICT ATTORNEY

Kathleen Zwierzyzna

KATHLEEN ZWIERZYNA
BOARD SECRETARY

CLIENT COPY
JEFFREY MOSER
SCI - HUNTINGDON
1100 PIKE STREET
HUNTINGDON, PA 16654-1112

BE4713

— Medical Exhibit (s) —

(* MORE EXHIBIT PROVIDED UPON REQUEST. *)
(EXTENSIVE)

Thank you / God Bless.

— Exhibit (113) —

Benjamin Nakkache M.D. F.A.C.S. F.I.C.S.

Diplomate American Board of Neurological

Surgery..

Microneurosurgery...

New Bridge Center
 480 Pierce St.
 Suite 219
 Kingston Pa. 18704
 570-714-8900
 570-714-0960 (Fax)

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, untill he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft , Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

I feel at this Point, He should be considered for surgery.
* I am aware that the Patient may have had other problems in the past as per the prison doctor, But certainly the M.R.I. findings are quite straitforword. Although a Limited Laminotomy could be done on the left side at L4-L5 that could be difficult because of his previous surgeries and as such a Full Laminectomy will be more effective and safer to remove the recurrent Disc Herniation. However this would certainly cause more back pain unless a Lumbar Fussion is done at the same time at both levels and if so, in his case, Pedicle screw fixation with a Posterolateral bony fusion will be recommended. that of course would require a bone graft from the right hip or left hip...

In the mean time, I feel the Patient should be placed on Oxycontin around the Clock perhaps 20mg (or) 40mg twice aday to see how he responds to that. Should surgery be Authorized I would be glad to do it on a Three or Four week notice..

Doctor: Nakkache Report of 20th Day of March, 2000

* TAKEN OUT OF COURT RECORD *

EXHIBIT: MOSEK Vs. KYLER 1:00-CV-1846

(U.S. District Court, MIDDLE District.)

- PENDING -

J.C. Blair Hospital
 Warm Springs Ave
 Huntingdon, Pa. 16652
 (814) 643-8624

(M.R.I. Report / RESULTS)

DATE OF M.R.I. 4/23/2001

DATE RECEIVED 5/1/2001 (Dr. Kent)

(most recent)

IMPRESSIONS:

1.) Post-operative changes, s/p Left Hemilaminectomy at L4. THERE IS A MODERATE SIZED LEFT PARA-CENTRAL DISC HERNIATION AT THE L4 LEVEL WITH OBLITERATION OF THE FAT IN THE LEFT LATERAL RECESS AND ABUTTING THE L5 NERVE ROOT. THIS MOST LIKELY ACCOUNTS FOR THE Patient Symptoms.

2.) THERE IS A SMALL PARA-CENTRAL DISC HERNIATION AT L5 WHICH IS MODERATE RIGHT FORAMINAL NARROWING. THE DISC DOES NOT APPEAR TO ABUT ANY OF THE NERVE ROOTS (OR) DISPLACE THECAL SAC. 2.) EVIDENCE OF CONGENITAL SPINE STENOSIS WITH CONGENITALLY SHORT PEDICLES. (END OF IMPRESSIONS)

AT L3-L4, THERE IS A MILD DIFFUSE DISC BULGE WHICH IN CONJUNCTION WITH CONGENITALLY SHORT PEDICLES, IS PRODUCING MILD CENTRAL CANAL STENOSIS AND MILD TO MODERATE BILATERAL FORAMINAL NARROWING...

* COPY MADE OUT OF ENHANCED MEDICAL RECORD, [word for word (5-1-2001/10 AM,) PLEASE REFER TO ORIGINAL RECORD AND PROSE R AS A CIVIL LITIGANT (AG-SE)... *

* (CERTIFICATION OF SERVICE,

I, JEFFERY MOSEY SERVED KENNETH KYLER, WITH A TRUE COPY OF THIS DOCUMENT, TO AFFIRM MY NEED FOR MEDICAL ATTENTION AND STRONGER PAIN MANAGEMENT MEDICATIONS.

SIGNED TO: Jeff Mosey 5/1/01

CICERON L. OPIDA M.D.
Diplomate American Board of Pshciatary & Neuooology
1915 Valley Veiw Blvd., Altoona Pa. 16602
(814) 946-5000 (814) 623-7805 Fax

Examination Date: 14th Sept. 2000
Date Report Recieved: 22 Sept. 2000 (DR. Shumaker/Signed)

E.M.G. REPORT

Summmary of Results

Normal Conduction Velocity of the Right and Left Common Peroneal and Posterior, Tibial Nerves. Normal Sensory evoke response of the right and Left Sural Nerves... (ABNORMAL E.M.G. FROM "L2 to S1")
The rest of the Study is Normal...

DIAGNOSIS

((Diagnosis - L2, L3, L4, L5, Radicalopathy)))

End of Notes on Report.

*Radicalopathy the Meaning is Made up of Two word to Derive at one meaning and/or view of the Medical Condition and/or the Seriousness of the Medical condition.

Radical: Carried to Farthest Limits (Amer. St. Dic.)

Pathy: (1) Feeling
(2) A Disease - A deseased Condition.
(Greek- Pathos (=) SUFFERING)

RadicaloPathy --- EXTREME SUFFERING....(In Layman Terms)

Radiculopathy -any Pathological Condition of the Nerve Root..
(Websters Medical Dictionary)
Pathological - Altered or Caused by Disease...
(Websters Medical Dictionary)

This, Was Copied By the the Patient (Jeffery paul Moser) out of His Medical File Within the Bounds of the Law and the U.S.CONST. as well as the F.O.I.A. Directives. (REPORT ONLY) Notes and Dictati done by Moser Also. Express Consent Given to Courts, Press & Members of the Bar to Access This Document and ALLL & ANY MEDICAL RECORDS ON MOSER UPON REQUEST....

Jeffery Paul Moser/26th day of Sept

E.M.G. REPORT / ELECTROMYOGRAPH

DIAGNOSTIC IMAGING CENTRE
RADIOLOGIC CONSULTATION

UNTHSC FED CORRECTIONAL INST
3150 HORTON RD
FORT WORTH, TX 76119

817-735-5066

EXAMS: 000100143 MRI LUMBAR SPINE W/VO

REASON FOR EXAMINATION: Prior back surgeries times two. Laminectomy. Left hip and lower back pain.

Magnetic resonance imaging of the lumbar spine is performed.

Vertebral body alignment is satisfactory. Degenerative end plate changes are present at L4-L5, with marrow stores otherwise being adequate. Disc desiccation is observed at L4-5 and L5-S1 disc space.

At the L1-L2, L2-L3 and L3-L4 levels, there is no evidence of disc herniation or compressive disc disease. No central or neural foraminal canal stenosis is identified. The articular facets do not appear grossly remarkable.

At L4-L5 there is mild bilateral facet hypertrophy.

There has been left laminotomy. There is enhancing retrodiscal and left parathecal fibrosis. Asymmetry of leftward disc, resulting in effacement of leftward ventral thecal sac on images 6 and 7, scan 6, and mild to moderate narrowing of left neural foramen is thought to be a combination of residual protrusion and postoperative enhancement, as seen on slices 3 and 4 of right parasagittal data set. Dominant finding however is thought to be postoperative enhancement.

At the L5-S1 level, there is a large broad-based protrusion, seen on the axial T2 data set, images 2 and 3, scan 6, and on T1 images #2 and 3, scan 5. This is slightly more prominent rightward. This abuts the S1 nerve roots, and results in mild effacement of ventral epidural fat. There is bilateral facet arthropathy. There is left neural foraminal stenosis.

IMPRESSION:

L1-L2, L2-L3, AND L3-L4: NEGATIVE MRI.

L4-L5: LEFT PARACENTRAL RETRODISCAL ASYMMETRY WITH VENTRAL THECAL SAC EFFACEMENT FOR WHICH A COMBINATION OF DISC REPROLAPSE OR RESIDUAL

PAGE 1

UNTHSC FED CORRECTIONAL INST

(CONTINUED)

TECH: JESMAIN, JEFF (RT/CMRT)
DICT D/T: 11/23/1998 (1043)
TRANS D/T: 11/23/1998 (2136)
TRANSCRIPTIONIST: MR/PAS
PRINTED D/T: 11/24/1998 (1255)

NAME: MOSER, JEFFREY
PHYS: JOHN BARRY MD
DOB: 06/10/1965 AGE: 33 SEX: F
ACCT NO: H04480588 LOC: DIC.MRI
EXAM DATE: 11/23/1998 STATUS: REG CLI
UNIT NO: M00199644

32560-048

EXHIBIT E

DIAGNOSTIC IMAGING CENTRE
RADIOLOGIC CONSULTATION

EXAMS: 000100143 MRI LUMBAR SPINE W/VO
<Continued>

HERNIATION AND EXTENSIVE ENHANCING FIBROSIS IS THOUGHT PRESENT. MILD
LEFT NEURAL FORAMINAL NARROWING.

L5-S1: BROAD-BASED PROTRUSION, WITH EFFACEMENT OF THE VENTRAL
EPIDURAL FAT ABUTTING THE S1 NERVE ROOTS BILATERALLY.

DEGENERATIVE DISC DISEASE AT L4-L5 AND L5-S1.

*** THIS IS A DRAFT REPORT UNTIL SIGNED ***

** REPORT SIGNATURE ON FILE 11/24/1998
PAUL T. MARSH, D.O.

[Signature]
S. Kwatra, M.D.
Medical Officer
12/4/98

PAGE 2

UNTHSC FED CORRECTIONAL INST

TECH: JESMAIN, JEFF (RT/CMRT)	NAME: MOSER, JEFFREY
DICT D/T: 11/23/1998 (1043)	PHYS: JOHN BARRY MD
TRANS D/T: 11/23/1998 (2136)	DOB: 06/10/1965 AGE: 33 SEX: F
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At the L5-S1 level, there is a large broad-based protrusion, seen on the axial T2 data set, images 2 and 3, scan 6, and on T1 images #2 and 3, scan 5. This is slightly more prominent rightward. This abuts the S1 nerve roots, and results in mild effacement of ventral epidural fat. There is bilateral facet arthropathy. There is left neural foraminal stenosis.

IMPRESSION:

L1-L2, L2-L3, AND L3-L4: NEGATIVE MRI.

L4-L5: LEFT PARACENTRAL RETRODISCAL ASYMMETRY WITH VENTRAL THECAL SAC EFFACEMENT FOR WHICH A COMBINATION OF DISC PROLAPSE OR RESIDUAL HERNIATION AND EXTENSIVE ENHANCING FIBROSIS IS THOUGHT PRESENT. MILD LEFT NEURAL FORAMINAL NARROWING.

L5-S1: BROAD-BASED PROTRUSION, WITH EFFACEMENT OF THE VENTRAL EPIDURAL FAT ABUTTING THE S1 NERVE ROOTS BILATERALLY.

PAGE 1

Signed Report

(CONTINUED)

TECH: JESMAIN, JEFF (RT/CMRT)
 DICT D/T: 11/23/1998 (1043)
 TRANS D/T: 11/23/1998 (2136)
 TRANSCRIPTIONIST: MR/PAS
 PRINTED D/T: 11/25/1998 (1146)

NAME: MOSER, JEFFREY
 PHYS: JOHN BARRY MD
 DOB: 06/10/1965 AGE: 33 SEX: F
 ACCT NO: H04480588 LOC: DIC.MRI
 EXAM DATE: 11/23/1998 STATUS: REG CLI
 UNIT NO: M00199644

Jeffrey Moser
 E. F. PARAISO, P.A.
 FMC FORT WORTH, TX.

FEDERAL MEDICAL CENTER
3150 Horton, Fort Worth, Texas 76119
X-RAY REPORT

Name:	MOSER, JEFFREY	Date:	11/25/98
Number:	32560-048	Sex:	M
Date of Birth:	06/10/65	Referring Dr.:	PARAISO
Date Requested:	11/24/98		
Examination:	LUMBAR SPINE		

REASON FOR EXAMINATION: Fell on his back.

AP, lateral and single oblique view of the lumbar spine demonstrate normal osseous alignment and axial height of the vertebral bodies. L4-5 disk narrowing is noted. Disk width is otherwise preserved. Right pars interarticularis defects are not identified. The left pars interarticularis are not demonstrated by left oblique view. The paraspinous soft tissues do not appear remarkable.

IMPRESSIONS:

NEGATIVE COMPRESSION DEFORMITY.

DEGENERATIVE DISK NARROWING OF L4-5.

Mary H Caffrey
MARY H CAFFREY DO, Dept. of Radiology,
University of North Texas
Health Science Center at Fort Worth

D: 12/01/98 T: 12/01/98 #: 10154052 BJW
CC:

S. Kwatra
S. Kwatra, M.D.
Medical Officer
12/8/98

Noted
12/8/98
0730

JOHN C. LINCOLN HOSPITAL , NORTH MOUNTAIN
250 EAST DUNLAP AVENUE
PHOENIX, ARIZONA 85020-2871

NAME: MOSER, JEFFREY

MRN:66-42-65

HISTORY AND PHYSICAL EXAMINATION

BACK: He is tender at the lumbosacral area, where he has a large scar and he has decreased sensation in the left buttock, where he is a bit tender. He also has decreased sensation in the posterior aspect of the left leg, dorsum, and plantar aspect of the left foot. Reflexes are physiological. Strength is good. Straight leg raising on the right is 80 degrees and the left is 65 degrees. He has the whole perineal area where he describes numbness and tingling.

Recent x-rays of lumbosacral spine are essentially normal but for narrowed L5-S1 disk spaces and previous partial laminectomy at L4-L5, L5-S1, left side.

The MRI study today is similar to one from North Dakota, showing recurrence of L4-L5, left side, disk herniation and the small central disk protrusion without touching nerve roots at L5-S1 and somewhat narrow spinal canal.

IMPRESSION

1. Left sciatica post surgery.
2. Neurogenic bladder, possible cauda equina.

PLAN

Cystometrogram will be ordered as well as neurosurgical consultation.

LAWRENCE GREEN, MD

LG/lms

DD:07/22/98 3:41 P

DT: 07/22/98 4:19 P

Document # 403121

Job # 005003

CC: LAWRENCE GREEN, MD
FEDERAL PRISON HOSPITAL
PAUL W LAPRADE, MD

RV
B. RAY, M.D.

07/23/98
0754

JOHN C. LINCOLN HOSPITAL & HEALTH CENTER
250 E. DUNLAP, PHOENIX, ARIZONA 85020-2871

FINAL REPORT

Name: MOSER, JEFFREY

(00000)066-42-65

(00000)066-42-65

32560-048

DIAGNOSTIC IMAGING REPORT

TRAN DATE: 07/22/98 TIME: 1850

EXAM
MR LUMBAR SPINE W/NO CONT.

EXAM DATE & TIME
07/22/98 1414

ACCESSION #:
MR-98-01760

IMPRESSION

1. Combined epidural granulation tissue/scarring at left paramedian disk herniation at L4-5, resulting in asymmetric severe compromise of the ipsilateral recess and neural exit foramen on the left. In addition, there are small posterior osteophytes at L4 and there is bilateral posterior facet arthrosis contributing to bilateral foraminal stenosis.
2. Right paracentral disk protrusion at L5-S1. There is also bilateral neural foraminal stenosis caused by facet degenerative joint disease.
3. No abnormal enhancement or abnormal signal identified in the conus.

B. RAY, M.D.

Dictated by: MARTIN SABATINOS, MD
Signed by: GDW 07/22/98
23:48 (electronic signature) MS /PF

Transcribed Date/Time: 07/22/98 18:29

Deliver to: LAWRENCE GREEN, MD

CHART COPY

End of Report ~~Page 1 of 1~~

PAGE #: 2

CERTIFICATE OF SERVICE

I hereby certify that I have on this date served a copy of the below-referenced document(s) upon the person and in the manner indicated below:

Service by first class mail addressed as follows:

1.) Peter Walsh (EN 516)

Clerk of Courts

United States District Court

228 Walnut St.

P.O. Box 983

Harrisburg, Pa. 17108

2.) Shawn Kenny Esq. (EN 11)

Office of Chief Counsel

55 Utley Drive

Camp Hill, Pa. 17011

3.) James D. Young Esq.

P.O. Box 1245

Harrisburg, Pa. 17108-1245.

EX-MATER when money available only.

Inst. will not debit account EN REV

SEE FILE.

EXHIBIT COPIES MAILED TO:

A.) U.S. Dept. of Justice, Washington D.C.

Civil Advocate For A.D.A. Violation.

B.) Gaudenzia - West Chester 6/14/01

* (7099 3400 0015 8312 0697) A

C.) REGIONAL OFFICE OF D.O.C. C.C.C.

* (EAT: 7099 3400 0015 8312 0703) A 6/1

D.) Pa. Attorney General Office (EN 11)

E.) A.C.L.U. Phila.

F.) Pa. Prison Society.

RE: 1:00-CV-1846

Affidavit: New Information

IN Support.

6-16-01

Jeffery Paul H. [Signature]

SWORN: J. MOSEK BE4713 (RACIAFF)